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COVER LETTER

Registration Section TO: **Division of Corporations** CANDICE HEMMINGER LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SONJA JOHNSON Name of Person YOUR NEVADA CORPORATE SOLUTIONS Firm/Company 6920 S CIMARRON RD STE 100 Address LAS VEGAS, NEVADA 89113 City/State and Zip Code sonja@yournevadacpa.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 702 369-2504 SONJA JOHNSON Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee. S25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF Amended & Restated Articles of Organization

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on	and assigned
The Articles of Organization for this Limited Liability Company were filed on 03/30/2017 Florida document number L17000072732 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CANDICE SISK LLC	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CANDICE SISK LLC	
A. If amending name, enter the new name of the limited liability company here: CANDICE SISK LLC	
CANDICE SISK LLC	
F	
The new mame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation (LLC) or the abbre	vistion "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
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	T. T. A.
Enter new mailing address, if applicable:	20-3 =
Mailing address MAY BE A POST OFFICE BOX)	
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	the new registeres
 If amending the registered agent and/or registered office address on our records, enter the name of a gent and/or the new registered office address here: 	*
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street address	
Effect & Idelan Street and the	
, Florida	Zip Code
City	Zip Cisae
ew Registered Agent's Signature, if changing Registered Agent:	
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree visions of all statutes relative to the proper and complete performance of my duties, and I am fam rept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if the complete to merely reflect a change in the registered office address. I hereby confirm that the limited in a particular confirmation of this change.	this document is

MGR =	Ma-		•	the s	
MGR =	Auti	ager norized Member			
<u>Title</u>		Name		Address	Type of Action
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